

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	214515492				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>WRM America Indemnity Company, Inc.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>NATIONAL CORPORATE RESEARCH, LTD.</b>  <b>250 BROWNS HILL COURT</b>  <b>MIDLOTHIAN, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>CHESTERFIELD COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>NY</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>4/30/2014</b></p> <p>SCC ID NO: <b>F1102658</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>100</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	100
CLASS	AUTHORIZED					
COMMON	100					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 333 EARLE OVINGTON BLVD STE 505</p> <p style="text-align: center;">CITY/ST/ZIP: UNIONDALE, NY 11553-3624</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: LAWRENCE PETER MINITER  TITLE: PRESIDENT  ADDRESS: 333 EARLE OVINGTON BLVD  SUITE 505  CITY/ST/ZIP/CO: UNIONDALE, NY 11553 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: LAWRENCE PETER MINITER TITLE: PRESIDENT ADDRESS: 333 EARLE OVINGTON BLVD SUITE 505 CITY/ST/ZIP/CO: UNIONDALE, NY 11553	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: LAWRENCE PETER MINITER TITLE: PRESIDENT ADDRESS: 333 EARLE OVINGTON BLVD SUITE 505 CITY/ST/ZIP/CO: UNIONDALE, NY 11553	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: NORMAN LYNN BROWN, JR.  TITLE: TREASURER  ADDRESS: 333 EARLE OVINGTON BLVD  SUITE 505  CITY/ST/ZIP/CO: UNIONDALE, NY 11553 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: NORMAN LYNN BROWN, JR. TITLE: TREASURER ADDRESS: 333 EARLE OVINGTON BLVD SUITE 505 CITY/ST/ZIP/CO: UNIONDALE, NY 11553	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: NORMAN LYNN BROWN, JR. TITLE: TREASURER ADDRESS: 333 EARLE OVINGTON BLVD SUITE 505 CITY/ST/ZIP/CO: UNIONDALE, NY 11553	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: RONA LORI PLATT  TITLE: SECRETARY  ADDRESS: 333 EARLE OVINGTON BLVD  SUITE 505  CITY/ST/ZIP/CO: UNIONDALE, NY 11553 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: RONA LORI PLATT TITLE: SECRETARY ADDRESS: 333 EARLE OVINGTON BLVD SUITE 505 CITY/ST/ZIP/CO: UNIONDALE, NY 11553	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: RONA LORI PLATT TITLE: SECRETARY ADDRESS: 333 EARLE OVINGTON BLVD SUITE 505 CITY/ST/ZIP/CO: UNIONDALE, NY 11553	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: WILLIAM JAMES FISHLINGER  TITLE: CHAIRMAN  ADDRESS: 333 EARLE OVINGTON BLVD  ST 505  CITY/ST/ZIP/CO: UNIONDALE, NY 11553-3624 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: WILLIAM JAMES FISHLINGER TITLE: CHAIRMAN ADDRESS: 333 EARLE OVINGTON BLVD ST 505 CITY/ST/ZIP/CO: UNIONDALE, NY 11553-3624	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: WILLIAM JAMES FISHLINGER TITLE: CHAIRMAN ADDRESS: 333 EARLE OVINGTON BLVD ST 505 CITY/ST/ZIP/CO: UNIONDALE, NY 11553-3624	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: IAN DWIGHT BROADWATER  TITLE: DIRECTOR  ADDRESS: 535 MADISON AVENUE  24TH FLOOR  CITY/ST/ZIP/CO: NEW YORK, NY 10022 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: IAN DWIGHT BROADWATER TITLE: DIRECTOR ADDRESS: 535 MADISON AVENUE 24TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10022	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: IAN DWIGHT BROADWATER TITLE: DIRECTOR ADDRESS: 535 MADISON AVENUE 24TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10022	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR				

NAME:	HENRY NEAL CONOLLY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	333 EARLE OVINGTON BLVD SUITE 505 UNIONDALE, NY 11553		
CITY/ST/ZIP/CO:			
NAME:	DONALD THOMAS DECARLO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1979 MARCUS AVENUE SUITE 210 LAKE SUCCESS, NY 11042		
CITY/ST/ZIP/CO:			
NAME:	GERARD PETER ELICKS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	333 EARLE OVINGTON BLVD SUITE 505 UNIONDALE, NY 11553		
CITY/ST/ZIP/CO:			
NAME:	ROBERT WILLIAM LULLEY, JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	333 EARLE OVINGTON BLVD SUITE 505 UNIONDALE, NY 11553		
CITY/ST/ZIP/CO:			
NAME:	WILLIAM ARTHUR MALLOY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	333 EARLE OVINGTON BLVD SUITE 505 UNIONDALE, NY 11553		
CITY/ST/ZIP/CO:			
NAME:	JASON ALAN ROTMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	535 MADISON AVENUE 24TH FLOOR NEW YORK, NY 11553		
CITY/ST/ZIP/CO:			
NAME:	ALBERT LUCA SALVATICO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	126 THIRD STREET MINEOLA, NY 11501		
CITY/ST/ZIP/CO:			
NAME:	STEVEN EUGENE SIMS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	333 EARLE OVINGTON BLVD SUITE 505 UNIONDALE, NY 11553		
CITY/ST/ZIP/CO:			
NAME:	CHRISTOPHER ERIC WATSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	535 MADISON AVENUE 24TH FLOOR NEW YORK, NY 10022		
CITY/ST/ZIP/CO:			
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ LAWRENCE PETER MINITER	LAWRENCE PETER MINITER,	3/24/2014	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.